

School-Based Health Centers in Arkansas: A Practical Guide



A Project of the School-Based Health Alliance of Arkansas
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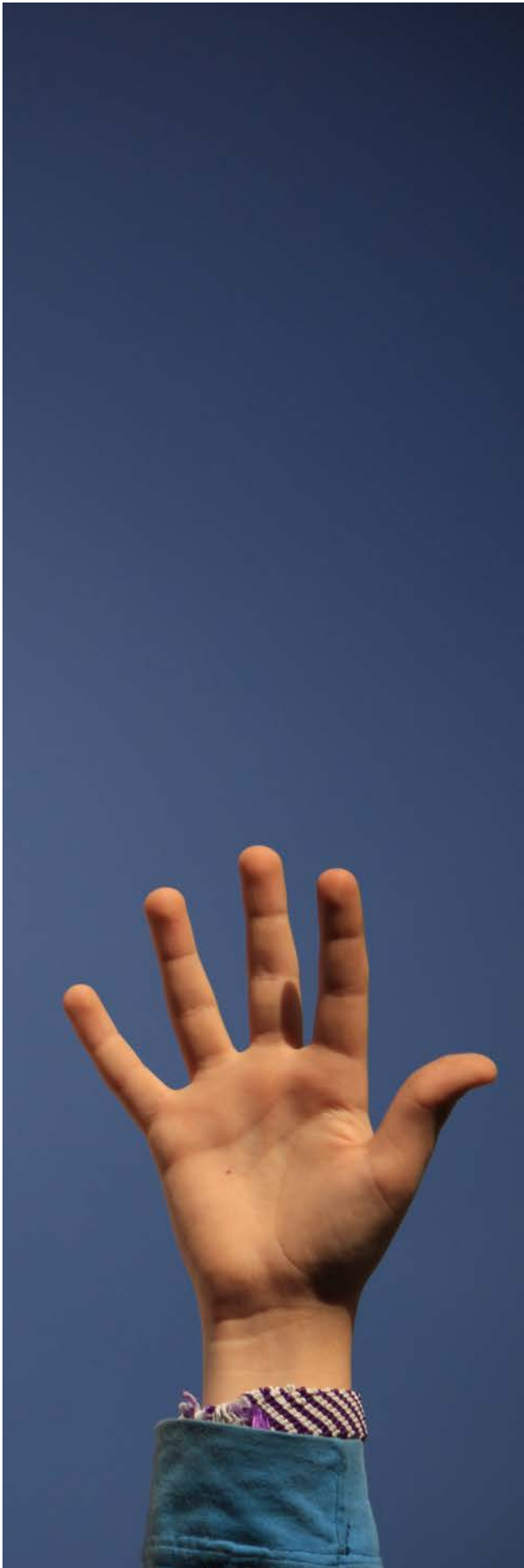


Table of Contents

School-Based Health Centers: Defined	3
Benefits of School-Based Health Centers	3
Understanding How School-Based Health Centers Work	4
Preparing for a School-Based Health Center	6
Planning for a School-Based Health Center	8
Tool Kit: Logic Models, SMART Objectives, & Community Surveys	10
Finding Funding	13
Start-up	15
Tool Kit: Floor Plans	18
Operations & Management	23
Data Collection, Reporting, & Evaluation	24
Sustainability	25
Advocacy & Coalition Building	27

School-Based Health Centers: Defined

A school-based health center (**SBHC**) is a healthcare facility located in or next to a school.

School-based health centers present a coordinated model for health and education, as they provide students access to health care where they are, in a location that is safe, convenient, and accessible.

Benefits of School-Based Health Centers

School-based health centers reduce barriers to learning, such as absenteeism, mental health issues, and trauma. School-based health centers make it easier for students to learn and teachers to teach.

School-based health centers promote health and educational equity by:

- Increasing school attendance
- Connecting students and families to health coverage
- Promoting health education, nutrition, and physical activity
- Advancing preventive health care
- Establishing a culture of wellness and healthy habits
- Supporting at-risk students
- Expanding capacity through partnerships in the community
- Providing reimbursable health services in the schools
- Managing chronic disease
- Reducing disciplinary referrals
- Increasing graduation rates



School-based health centers provide services that improve the social, emotional, and behavioral health of students, as well as minimize the effects of poverty and other adverse experiences on student success. School-based health centers also act as resource centers for wellness and prevention and help families navigate the healthcare system.



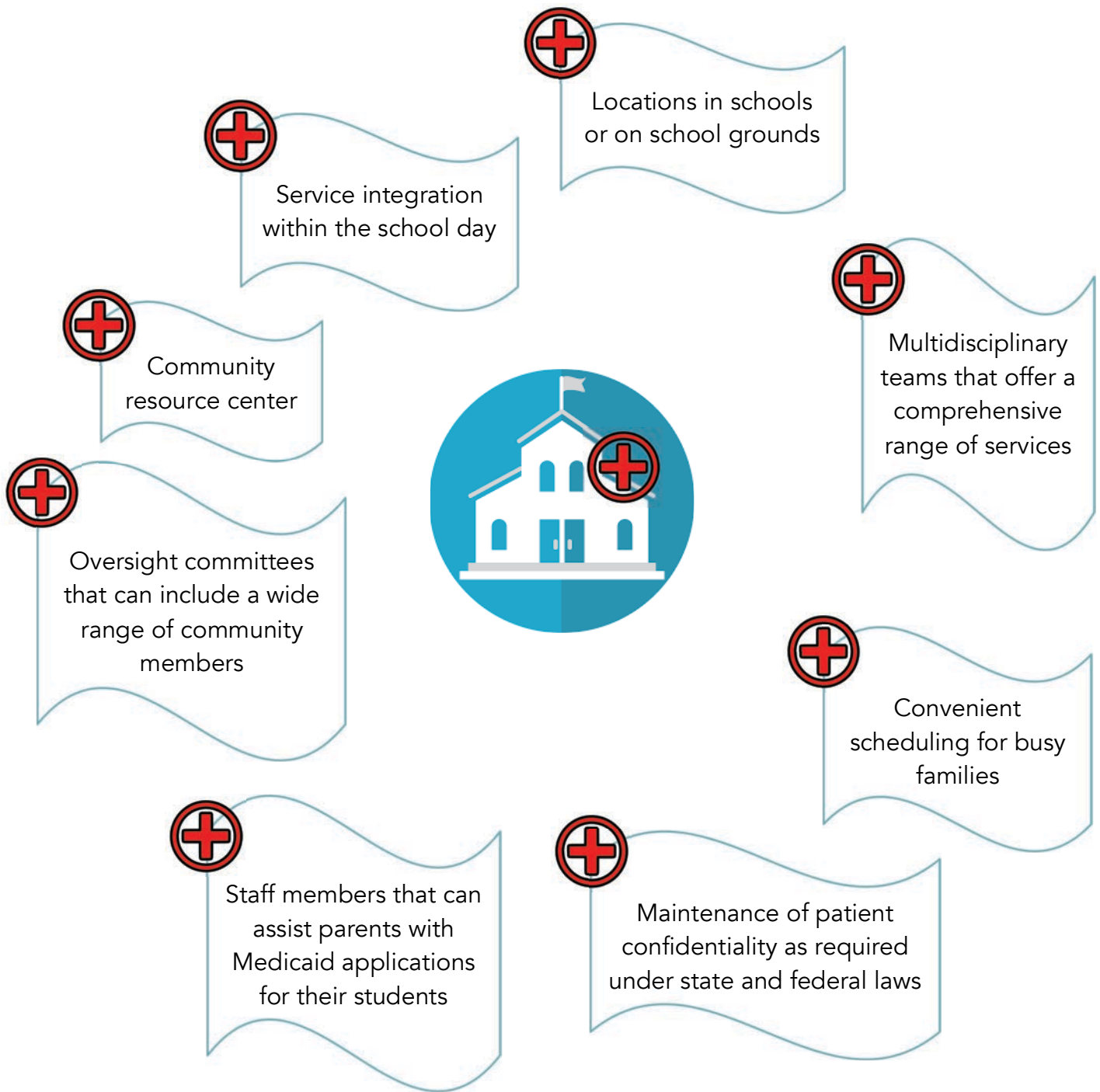
“It never made sense to me, that poor children should be expected to learn just as readily as other students when they couldn’t see the blackboard, or when their mouths ached from untreated cavities or gum disease.”

-Former U.S. Secretary of Education Arne Duncan

Understanding How School-Based Health Centers Work

Every SBHC is uniquely tailored to fit the needs of the community, and all are staffed with licensed professionals with the experience and expertise to deliver quality care that addresses the broad range of concerns that affect students’ healthy development.

School-based health centers provide basic physical and mental health services, and many SBHCs also offer dental, vision, or other health services based on community needs. School-based health centers are required to be open a minimum of 12 hours per week when school is in session according to School-Based Health Alliance of Arkansas (SBHAAR) standards. Parental or guardian consent is required for all students.



School-based health centers may serve as a medical home for students. However, SBHCs are also designed to maintain working relationships with physicians in students' existing medical homes. Therefore, SBHC staff should not actively engage parents with the intent to change the child's primary care physician. In both cases, a SBHC's priority is to ensure that individual patient health plans are executed effectively and efficiently. This focus on wellness and preventive care is a key factor in the successful outcomes of SBHCs.

While SBHCs are not free clinics, and should not be marketed as such, all students—even those without the ability to pay—are served. In addition to Medicaid, SBHCs may accept private insurance or offer a sliding fee scale for those who do not qualify for insurance.

The Arkansas Department of Education (ADE) and the Arkansas Department of Health (ADH) developed a coordinated school health program based on the 10 components of the whole child model that provides resources for state schools that can help them to prepare for establishing a SBHC. Learn more at the ADE website.

Preparing for a School-Based Health Center

First Steps: Getting Your School Administration on Board

School-based health center staff members work directly with parents, school administrators, and teachers to better educate the whole child. The successful SBHC is an integral component of daily school operations. Therefore,

commitment to the work of SBHCs is necessary within every level of school administration. From the start, it is especially important to ensure that key school stakeholders, including the board, superintendent, principal, school nurses and counselors support the establishment of a SBHC. When garnering support from school staff, keep in mind that school-based health centers provide services beyond the scope of the school nurse. In fact, SBHCs are designed to work in conjunction with school nurses—not to replace them. School nurses and school counselors serve as links between schools and SBHCs.

Relationship and Community Building: Identifying Stakeholders and Supporters

School-based health centers play an important role in the community; therefore, individuals interested in opening a SBHC should develop a plan to engage community members. It is important to identify and bring community stakeholders and allies together to gauge community interest in establishing a SBHC. This process may involve assessing the need for a SBHC in your community, communicating the results of your assessment with interested members of your community, and developing a sustainable plan for continuous community engagement. An effective community engagement plan can make the difference between a successful SBHC and one that fails due to lack of community support or competing interests.

A strategic community-building plan should be based on a needs assessment regarding healthcare access for children in the community. Therefore, individuals interested in opening a SBHC should seek out opportunities to become connected and involved with related stakeholders and allies.





“The community was really involved. We did a lot of footwork, and we had buy-in from a really good clinic. This was never seen as a competition—it was seen as a partnership.”

—School Superintendent

Stakeholders and allies may include:

- School staff, including school nurses, teachers, school counselors, school psychologists, and school social workers
- Students (middle school and/or high school should be appropriate)
- Parents
- School board members
- Health professionals and hospitals
- Nonprofit organizations (e.g., Boys and Girls Club and Parent–Teacher Associations)
- Members of civic clubs
- Local legislative representatives
- Business owners
- City officials
- Judges
- Chambers of commerce
- Religious leaders
- Members of the media

Note that this list may include people in both formal and informal positions of power.

Establish a School-Based Health Center Advisory Committee

The process of engaging community stakeholders and allies when exploring a SBHC should be formalized through the establishment of an advisory committee. Advisory committees for SBHCs are generally comprised of 10-15 members that should reflect the diverse interests of the community. In some cases, members of your district’s wellness committee and community health providers serve as the SBHC advisory committee.

Advisory committees can serve diverse functions, including:

- Providing guidance and assistance with the identification of resources and funding;
- Playing a major role in helping school districts develop effective school health programs;
- Reviewing and endorsing budgets, scope of services, hours of operation, client satisfaction, pay scales, staffing plans, and other policies; and
- Enhancing advocacy.

Planning for a School-Based Health Center

Visit an Existing SBHC

Once you have determined that you are interested in establishing a SBHC in your community, you should visit at least one existing SBHC. First-hand knowledge of the start-up and daily operations from SBHC staff members can go a long way in helping you to visualize a center in your school and community and in helping you to prepare a plan. Contact the School-Based Health Alliance of Arkansas (www.sbhaar.org) to locate a SBHC near you.

Gather Data in your Community

Community members know their needs better than anyone, but when embracing the challenge of establishing a SBHC, it is important to document and formally analyze those needs. You may be surprised to learn something new. The national School-Based Health Alliance has examples of needs assessments on its website under public resources. Visit www.sbh4all.org.

> Zoom Out

To gauge interest for a SBHC, ask parents and students if they will use it. It is also important to find out whether the medical community and other community leaders will support a SBHC. A community survey (also called a needs assessment), can help you answer these questions, in addition to helping you to determine whether there are medically underserved populations in your community, which populations are in the most need, and how severe the need is. A community survey can also allow you to assess local medical provider services and capacities. Publicly available secondary data sources, such as the American Community Surveys conducted by the Census Bureau, may also be utilized.

Rural areas present unique challenges that make SBHCs an ideal model to increase access to quality primary, behavioral, and oral health care for children and adolescents.





> Zoom In

In addition to understanding the needs in your community, it will also be necessary for you to examine the demographics, or characteristics, of your target student population. Many of these data are available in the Arkansas Department of Education Data Center. Look at students' socioeconomic statuses using metrics such as the percentage of students who are eligible for free or reduced-price lunch.

Collect information regarding the students' race and gender, and note whether they live in urban or rural areas and what languages are most often used in their homes. Determine who their primary care physicians are, and be sure to ask the school nurse for data on the prevalence of chronic illness and diseases in your school.

Combined, these data will help you to determine the physical health needs your SBHC should work to meet. For an assessment on the mental health needs of your students, we suggest using the online SHAPE (School Health Assessment and Performance Evaluation) Assessment tool for guidance on determining if your school district is utilizing best practices for efficient and sufficient mental health care. You may also refer to your school Medicaid funding profile (available online at the Arkansas Department of Education Medicaid in the Schools (MITS) website.)

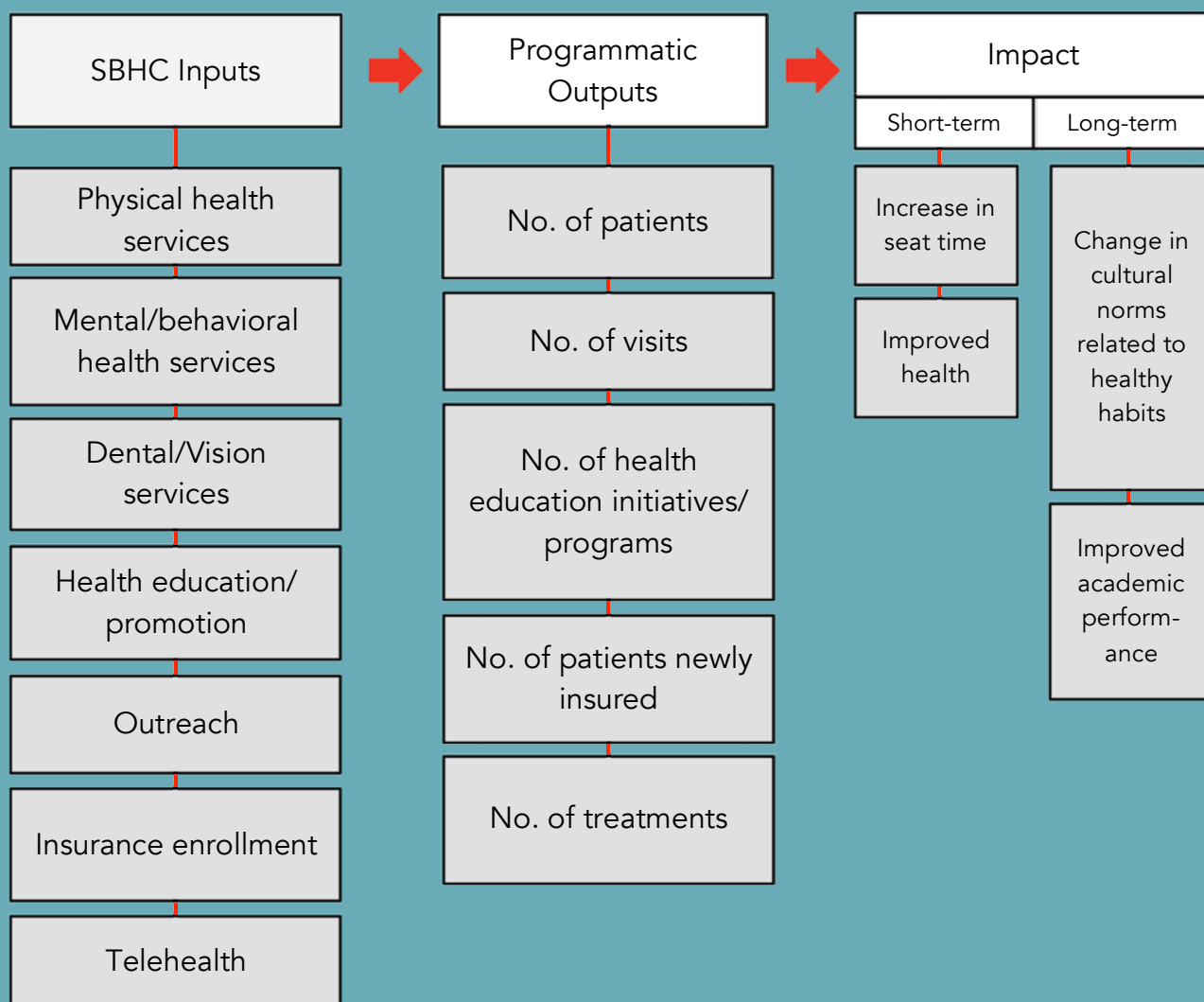
Set Goals

Goals establish a general direction for your program. Broader than objectives, examples of goals for a SBHC are to improve access to quality physical and mental health services for school-aged youth, and to improve students' educational performance (e.g., through improved attendance.)

Tool Kit: Logic Models, SMART Objectives, & Community Surveys

A logic model is a visual representation of a program. This tool will help you to link program inputs (i.e., resources) and activities to program outputs (e.g., number of students served) and outcomes (e.g., impact on mental or physical health), communicate the logic, or theory, behind a program, and help to prepare you to evaluate your program. Essentially, logic models show how a program works. Logic models vary widely in appearance and composition, and there are many examples available online. We have included examples here, but keep in mind that your logic model may necessarily look differently.

Sample Logic Model I



Objectives, which are related to your goals, should be **SMART**, meaning:

- **Specific**—Objectives are based on observations, and everyone who reads an objective should interpret it in the same way.
- **Measurable**—Objectives should be defined in terms of quantity, quality, frequency, etc.
- **Achievable**—Simply, can the objective be accomplished?
- **Relevant**—Is the objective a worthy pursuit? What will be the impact?
- **Time-Oriented**—When will the objective be completed?

Here's an illustration, using an objective from the logic model on page 12:

Who What How many? Which

The Appleton School SBHC will provide health services to 500 Appleton School students in the first year of operation.

When

- *Specific*—The example objective provides information regarding *who* will do *what* with *which* students.
- *Measurable*—The objective states the number of students the SBHC aims to serve.
- *Achievable*—In this example, the number 500 is a placeholder. Each SBHC team will determine its own number based on needs and capacity.
- *Relevant*—The example objective is related to the stated goal of providing health care access.
- *Time-Oriented*—The example objective specifies a time frame: within the first year of operation.

Closed-ended questions are used to uncover specific needs, as in this example:

Has a child (age 17 or younger) in your household been told by a doctor that they have one of the following conditions?

☐ asthma ☐ obesity ☐ diabetes

Open-ended questions can be used to uncover a wide range of possible answers, as in this example:

In your opinion, what are the most serious health issues facing our community?

Define the problem:

Many of Appleton School's students have limited access to health services.

Define the intervention:

Develop and implement a school-based health center (SBHC) to provide accessible and family-friendly health services to students and staff members.

Goal:

To improve the physical and mental health of Appleton School students and staff members by providing access to quality health care on school grounds.

Objectives:

Complete necessary infrastructure to open SBHC by August of next year

Provide health services to 500 Appleton School students in the first year of operation

Reduce Appleton
School staff
absenteeism by 2% in
the first year of
operation

Outcomes:

Increase in instruction and seat time

Decrease in incidence of preventable chronic disease

Increase in
number of well
visits

Finding Funding

There are various funding sources to consider when exploring setting up a SBHC. These may include:

> Federal Government Funds

- National School Lunch Act (NSLA) funds
- School-based health centers that are federally qualified health centers (FQHCs) may be eligible to receive support through Section 330 of the Public Health Services Act. In addition, SBHCs that are designated as FQHCs or rural health clinics (RHCs) are eligible to receive enhanced Medicaid reimbursement. Contact the School-Based Health Alliance of Arkansas with questions regarding these federal designations (www.sbhaar.org).

Other special circumstances may qualify a SBHC to receive federal funding for specific services:

- Substance Abuse and Mental Health Services Administration (See information on SAMHSA website)
- Office of Juvenile Justice and Delinquency Prevention (See information on OJJDP website)
- U.S. Department of Agriculture nutrition grants

> Local Sources

- City and county governments
- Private grants and donations: Many national foundations support the important work of SBHCs, including the W.K. Kellogg Foundation, the New York Life Foundation, Prudential Foundation, The Commonwealth Fund, the Robert Wood Johnson Foundation, and others. Check their websites for more information on grants.
- State foundations



Arkansas School-Based Health Center Grant

In Arkansas, schools wishing to establish SBHCs may apply for a five-year grant through the Arkansas Department of Education, as long as there is legislative funding allocated. The request for proposals and program guidelines are released annually in a Commissioner's Memo, available at the ADE website (www.arkansased.gov).

> Tips: Applying for the State Grant

Eligibility > All Arkansas public schools are eligible to apply, but only one SBHC per district may be funded at a time. If the grant cycle for an existing SBHC in your district has ended, you are eligible to apply. Note that districts must employ a full-time registered school nurse prior to proposal submission and throughout the funding cycle (this position cannot be contracted).

Intent to Apply > At least one district representative must attend a mandatory notice of intent to apply meeting sponsored by the state grant program team, which consists of representatives from the Arkansas Department of Education, the Arkansas Department of Health (ADH), and Medicaid in the Schools (MITS). Refer to details published each year in the Commissioner's Memo on the ADE website (www.arkansased.gov).

To-dos:

- Visit at least one existing SBHC and meet with staff prior to beginning the grant application process. Visit the SBHAAR website at www.sbhaar.org for an updated map of existing SBHCs.
- Include local partners at every stage.
- Be sure to back up all claims with data.
- Write comprehensively: address both mental and physical health throughout the grant application.
- Follow grant format requirements exactly (provide original signatures; follow font, margin, and page limit requirements; and include page numbers.)
- Plan to submit the grant application early to avoid missing deadlines.
- Use the provided grant application scoring rubric to check your work.
- Ask colleagues for feedback on grant application drafts (English teachers make great editors!)
- If your proposal includes the use of telehealth, SBHC resource staff at ADH and ADE are available to provide input.
- Consult the state team when there are questions about building codes or questions regarding quotes for modular facilities.
- Note allowable expenditures (e.g., clinical supplies; mental health supplies; professional development) and disallowable expenditures (e.g., provider salaries; new building construction; legal fees; off-site services; transportation; vehicle purchases).

Selection Process >



Note: schools with 80%+ free and reduced price lunch or in counties deemed “red” by AR Minority Health Commission receive priority scoring points. (View the Arkansas Minority Health Commission’s map in the Red County Report, available online).

Grant Award and Distribution of Funds >

- Total \$540,000 over five years:
 - Year 1: \$150,000
 - Year 2: \$120,000
 - Year 3: \$105,000
 - Year 4: \$90,000
 - Year 5: \$75,000

Start-up

Assemble an Operations Team

Throughout this process, you will have been working to establish a core operations team for your SBHC, which should include:

- The individual who will serve as SBHC Coordinator
- District/building level administrator (such as the school's principal or superintendent)
- SBHC medical staff (MD, APRN, receptionist, nurse)
- Mental health service providers, social workers, counselors (note that you may choose to have multiple mental and behavioral health partners)
- Optometry service provider (if applicable)
- Oral health service provider (if applicable)



When choosing your providers, consider these best practices:

- Extend an open invitation to all local providers to participate (e.g. through a town hall).
- Keep records of all meetings (dates, attendees, and items discussed).
- Consider provider capacity, political environment, mission and vision compatibility with that of the SBHC, as well as a fair selection process.
- Remain mission and data-driven.
- Maintain your relationships over time.

As you begin to formalize your partnerships through the development of Memorandums of Agreement (MoAs), you should also work to formalize the operations team. Be sure to set a regular meeting schedule for planning and progress updates.

The Role of a School-Based Health Center Coordinator

As the only district staff position created through the establishment of a SBHC, SBHC coordinators act as liaisons between students, parents, providers, and school administrators when scheduling appointments and coordinating care.

School-based health center coordinators are tasked with the following responsibilities:

- Develop MoAs with partner providers
- Coordinate care with partner providers
- Maintain internal school relationships
- Conduct staff orientation and training
- Assist with consents and enrollments
- Maintain community partnerships
- Collect and compile non-identifiable clinic data
- Write grants and systematize grant reporting
- Maintain relationships with superintendent and school board
- Oversee building maintenance and ensure regulations are followed
- Plan for SBHC sustainability
- Coordinate with state organizations

Planning your Facility

Based on your needs, consider unused space on your school campus that could be converted into a clinic, or upon which a modular building may be placed. Note that funding may not be readily available for new construction.

If qualified, school employees may complete all or part of the renovation, or you may choose to hire contractors. In any case, it is wise to plan ahead for any services you may eventually like to offer at your clinic. If, for example, based on the results of your community survey, you foresee a need for vision services, ensure now that you will have the space to grow, as it will be more difficult and expensive to retrofit the space at a later date.

Clinic Design

Work closely with your providers when planning the clinic layout and considering equipment needs. If, in addition to serving students and school staff, your clinic will meet the needs of the wider community, think about how you will protect student privacy and maintain a safe environment. Be sure to include in your plans:

- Space for patient reception
- Restrooms
- Exam rooms with hand-washing sinks
- Room for therapy
- Lockable storage
- Lab space
- Clerical areas
- Secure space for computer server
- Private student entrance (if serving the wider community)

My oldest daughter likes that this clinic is an extension of the school. It's not as intimidating for her as a regular doctor's office.

—Parent





Keep in mind that SBHCs should be welcoming to students, inclusive of all community cultures, and accessible to persons with disabilities. The walls of many centers are splashed with school colors and decorated with student artwork.

Equipment > Work with providers to help you determine your equipment needs. For inexpensive equipment, look to local health care and nonprofit organizations, as they will often resell or donate reusable medical equipment such as exam tables or wheelchairs to SBHCs.

Safety Standards > Note that clinical laboratories must follow Occupational Safety and Health Administration (OSHA) standards and that you should plan to apply for a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver through the regulatory Centers for Medicare and Medicaid Services (CMS). When designing your center, you may also consult the National Clearinghouse Educational Facilities guide for school health centers, which may be found online. The SBHAAR team is available to answer questions related to the building process and advice regarding quotes for modular facilities. See pages 18–19 for sample floor plans.

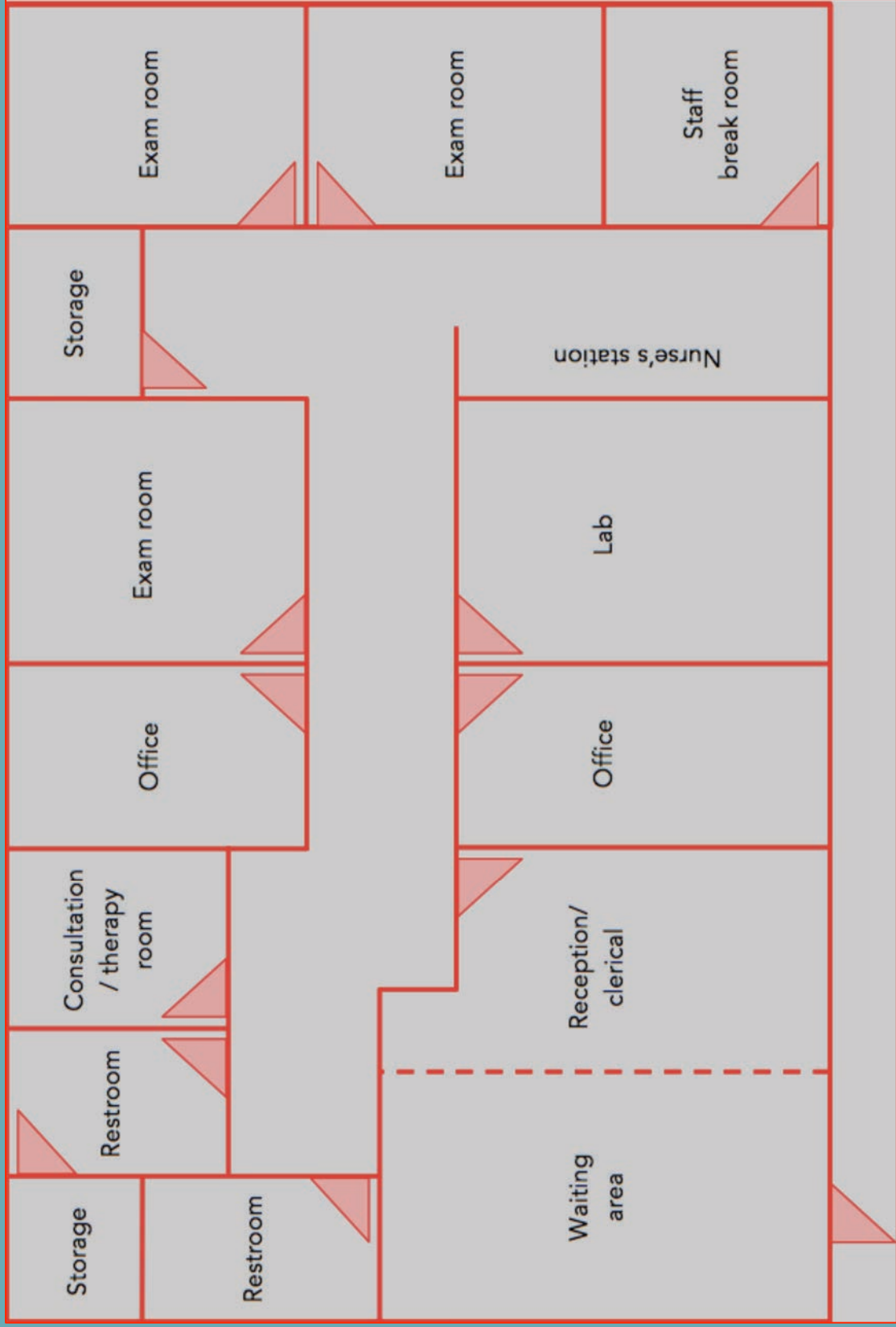
Services

Students enrolled in SBHCs may receive services such as assessment, diagnosis, treatment, and management and monitoring of acute and chronic illnesses and injuries. School-based health centers meet the needs of local stakeholders. Services offered may vary, but must include physical and mental health services.

The floor plan is divided into two main horizontal sections. The top section contains four rooms: 'Reception / coordinator's office' on the far left, followed by 'Provider's office', 'Exam Room', and another 'Exam Room' on the far right. The bottom section contains five rooms: 'Waiting area' on the far left, followed by 'Restroom', 'Therapy Room', 'Lab', and 'Nurse's station' (which is oriented vertically). To the right of the 'Nurse's station' is a 'Storage' room. Red triangular markers are placed at the corners of several rooms to indicate specific points of interest or entry points.

Room	Relative Position
Reception / coordinator's office	Top Left
Provider's office	Top Middle-Left
Exam Room	Top Middle-Right
Exam Room	Top Far Right
Waiting area	Bottom Left
Restroom	Bottom Middle-Left
Therapy Room	Bottom Middle
Lab	Bottom Middle-Right
Nurse's station	Bottom Far Right (vertical)
Storage	Bottom Far Right

Sample Floor Plan III (Freestanding Model)



Physical Health Services > Typical SBHC services include, but are not limited to:

- Comprehensive health exams
- Diagnosis and treatment of medical conditions such as hypertension, diabetes, asthma, and anemia
- Routine management of chronic conditions
- Immunizations and laboratory testing
- Preventive services including annual wellness exams
- Referrals and coordination of outside services such as x-rays, dental work and other services not available at SBHCs
- Age-appropriate comprehensive health care
- Sick visit consultation.

Mental Health Services > One benefit of SBHCs is that they provide access to a full array of mental health services. Such services include but are not limited to:

- Mental health awareness and outreach, including suicide prevention
- Screening for depression, anxiety, substance abuse, and other mental health conditions
- Behavioral health care including assessment, treatment, referral and crisis intervention
- Individual, group, and family therapy
- Case management
- Social service assessment, referral, and follow up as needed.

Best practice school-based mental health services are characterized by:

- A collaborative partnership between school district and mental health providers
- Student support: depending on the needs of students, an array of pullout interventions, including evaluation, crisis services, diagnosis, case management, day treatment, and individual, group and family therapy
- Comprehensive intake, referral, and case management processes
- Appropriate linkages with community, regional, state, and national resources.



Optional Services > These may include:

- Dental
- Optometry
- Nutritional counseling and physical activity promotion
- Health promotion and risk prevention/reduction programs, including educational efforts that encourage healthy lifestyles
- Health risk assessment
- Telehealth services, enabling SBHC practitioners to consult with off-site medical specialists via closed-circuit television or phone; if your proposal includes the use of telehealth, the SBHAAR can provide information and resources.

Service Delivery

School-based health centers serve as resource centers for existing community services; hence, SBHC teams should consider how to best serve their client populations:

- Who will we serve? In addition to students, some SBHCs serve school staff, siblings of students, and/or other community members. School-based health centers should always prioritize student needs, especially when also serving non-students. If serving the community, entrances and waiting areas for community members should be separate from those of students. School-based health centers should also schedule appointments that do not unnecessarily interrupt the student's classroom time.
- How do we accommodate working parents/guardians who participate in the care of their child? This may include being able to see students



without their parents'/guardians' presence in the clinic or working with parents/guardians over the phone. (When parents/guardians are not present, school district personnel must ensure student safety by escorting them to the SBHC.)

- What are the cultural needs of our clients? Should our print materials and signs be in more than one language?
- If providing dental and/or vision services, are we going to provide school-linked services or school-based services?
- What policies are we going to put in place to cover our insured, underinsured, and uninsured clients?
- Will we choose to have a pharmacy delivery service plan?
- Do we plan to extend services during non-school hours (i.e., evenings, during the summer, or on holidays?)
- What level of service will we provide? The SBHAAR recommended standard is that SBHCs in Arkansas provide services a minimum of twelve hours per week with a physical health provider (MD, DO, APRN or PA) on campus, including some before or after school hours at least one day each week.

Service delivery should be offered according to protocols and the scope of provider practice.

Compliance and Regulations

> Federal Laws Impacting the Sharing of Confidential Health Information & Educational Records

The Health Insurance Portability and Accountability Act (HIPAA) > This federal law establishes privacy & security rules regarding access to protected health information in certain kinds of health records, including health plans, health care clearinghouses, and health care providers. The HIPAA law protects the confidentiality of protected health information (PHI) by restricting its release and safeguarding its security. School-based health centers are subject to HIPAA regulations. The failure to comply with HIPAA regulations may carry both financial and criminal penalties. Parents/guardians must sign a consent form for students' private health information to be shared outside of the SBHC. Learn more at www.healthy.arkansas.gov.

The Family Educational Rights and Privacy Act (FERPA) > This federal law protects the privacy of students' educational records. The FERPA law safeguards student privacy by limiting who may access student academic records, specifying for what purpose they may access those records, and detailing what rules they have to follow when accessing the data. Generally, schools must have written permission from parents/guardians for the release of student educational records.

Other Relevant Laws: State of Arkansas

- Privacy and confidentiality (A. C.A. § 6-18-703 (a) (1) (B) (iv))
- Parental consent (A.C.A. § 6-18-703 (a) (1) (A) (i))
- Sex education (A.C.A. § 6-18-703 (b))
- Sexually transmitted infection services and contraceptive services (A.C.A. § 6-18-703 (c))

Train SBHC staff on HIPAA, FERPA, and confidentiality laws in Arkansas. Be sure to review HIPAA, FERPA, and state confidentiality laws with school administrators, who can keep school staff aware. Best practices include conducting short trainings and/or creating printed materials for school administration and staff to share information related to such laws broadly and accurately. Student privacy and safety is a priority. Policies and procedures should be in place to ensure the safety of students when they visit a SBHC.

Operations & Management

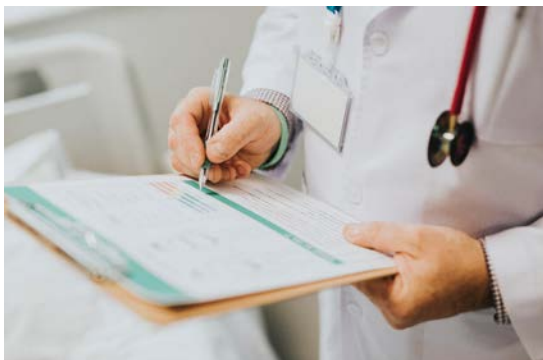
Policies & Procedures

Once you have considered the overhead costs and determined the hours of operation for your SBHC, ensure that you have processes in place for patient confidentiality, consent, and enrollment. How will scheduling and appointments work? If you will serve the wider community, how will you prioritize students? Spend some time thinking about the day-to-day operations of the SBHC and your policy procedures for some of the following:

- Referral systems
- After hours plan
- Hazardous waste/infectious materials
- Insurance status/eligibility review
- Emergency procedures
- Transportation/escort of students
- Abuse, mandated reporting
- Coordination with school crisis response plan
- Public posts, including emergency numbers for after hours, client/patient bill of rights, and clearly marked and lit exits
- Suicidal/homicidal ideation
- Consent and confidentiality
- Communication with primary care physicians/medical homes
- Infection control

Intake Forms & Consent > All SBHCs should have written policies in place to formalize clinic procedures, including those that providers must follow and for referral processes, documentation, crisis management, billing, and grievances. Additionally, sign-in/out sheets, parental consent forms, patient payment information and medical histories, mental health assessments, and HIPAA (Health Insurance Portability and Accountability Act) privacy notices should be created.

Note that many of these forms may be obtained from existing Arkansas SBHCs and modified to fit your needs. Many template forms, best practices, and sample policies and procedures are also available in The Blueprint under the “resources” tab on the national School-Based Health Alliance website (www.sbh4all.org).



Memorandums of Agreement > Once you have selected your providers, you will need to develop memorandums of agreement (MoAs) with them.



Although not legally binding, MoAs serve to formalize an agreement and establish a partnership based on mutual objectives.

Common objectives of MoAs include:

- Identify all parties to the agreement
- Establish a common purpose and joint goals
- Recognize what each party brings to the table
- Describe the scope of work
- Detail roles and responsibilities
- State the terms of the agreement, including a timeline
- Describe how the agreement can be modified or terminated
- All parties must sign the document

The SBHAAR can provide copies of example MoAs upon request.

Data Collection, Reporting & Evaluation

Plan for data collection, reporting, and evaluation from the beginning. Program evaluation is critical for improving service delivery and health and educational outcomes. Formally evaluating programs also provides valuable evidence of program success that can be utilized to secure additional funding to sustain and expand program activities.

School-based health center services are easily accessible and designed to eliminate or diminish barriers to care for students and to participation by parents or guardians.

Think ahead about how you will gather and store your data, and maintain a database of all of your community partners, including names and contact information. Develop a plan for evaluation:

- Funding requirements: If applying for a grant, ensure that you have a thorough understanding of the reporting requirements.
- Establishing timelines can lend accountability and ensure that you are making progress toward achieving your program goals.
- Formative evaluation: How will you assess clinic processes and client experiences as you institute clinic activities?
- Summative evaluation: What types of data will you need to measure the impact of your clinic on students, families, and your school?

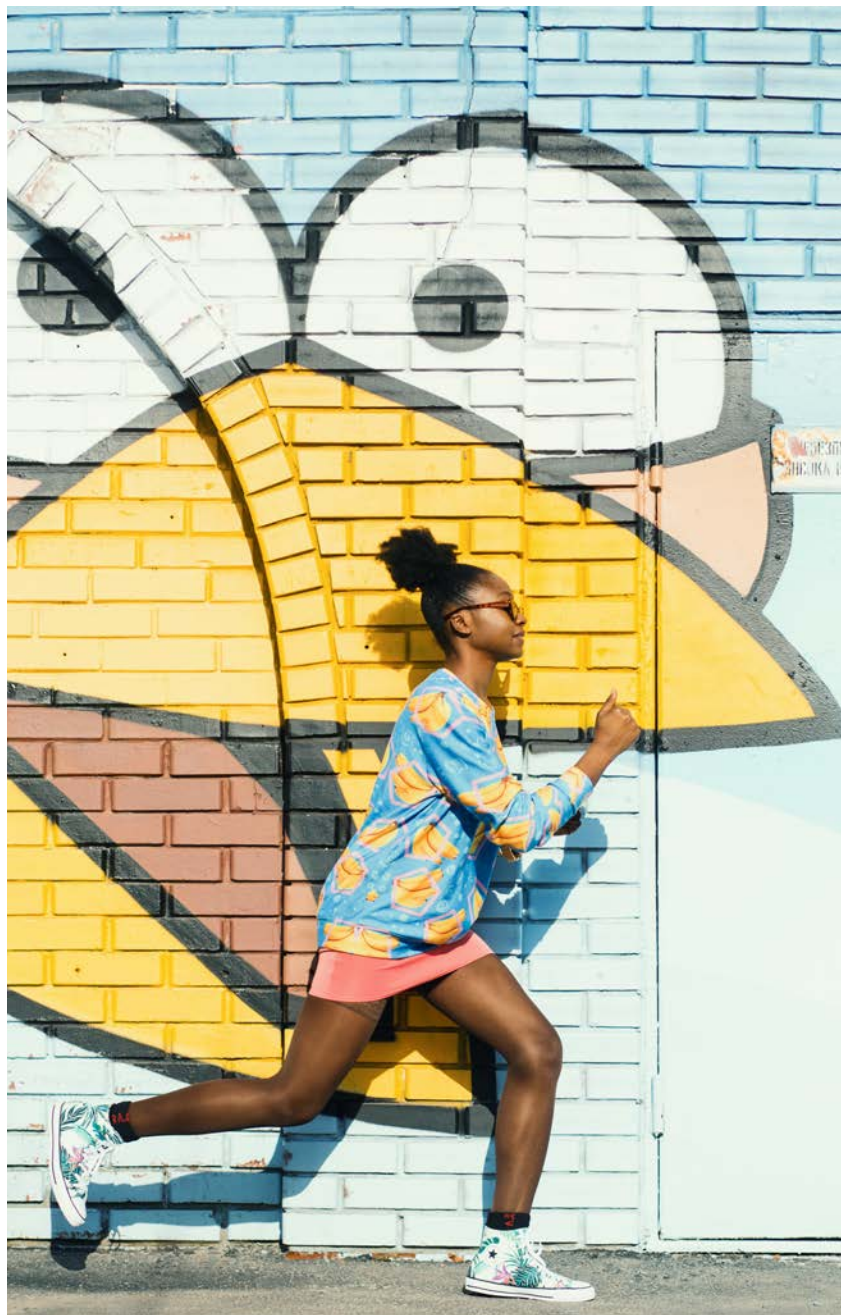
Sustainability

The success of any SBHC is defined by its ability to continue to provide services to the clients it serves. From start up, you should analyze the total costs the district will absorb, for example, at the end of a grant period. Consider long-term funding plans for SBHC district employed staff (such as the coordinator) and overhead (supplies, utilities, etc.). You must think about a long-term marketing strategy and sustainability plan for the SBHC. Some items related to long-term sustainability include:

- Diversified funding (multiple sources of revenue)
- Sustainable leadership
- Community partnerships
- Medicaid outreach and enrollment

Diversified Funding

School-based health centers are not intended to be profitable enterprises; however, there are



“For us, one of the most significant benefits of the SBHC is the culture change we are seeing in our kids and community. Preventative service is the biggest benefit we’ve seen—getting those teeth cleaned every six months, getting those eyes checked every year, getting those checkups and physical exams done every year...The kids that we started with are now in 9th grade, so that culture has completely changed for them. Because they’re coming from a culture where they only saw the doctor occasionally to a culture of wellness. This in itself changes the community. When these kids grow up to be parents, they will demand the same standards for the same kind of care for their children.”

—School-Based Health Center Coordinator

some ways in which school administrators can prepare to cover overhead costs. School-based health centers should pursue third-party reimbursement, from both public and private insurance as a means of continuous funding and sustainability. Additional sources of revenue can include: federal, state, and local government funding, private grants and donations, and in-kind support.

Fundraising

Within school administration guidelines, school-based health centers may consider fundraising from local businesses, organizations, and philanthropic individuals.

Revenue from Providers

Once established, providers are encouraged to financially support the SBHC to ensure sustainability. It is important to begin speaking with partner providers about this possibility from the start of your partnership.

Sustainable Leadership

You should have a business plan to show that the SBHC has both the financial and leadership capacity to successfully operate. In doing this, pay attention to your overhead costs, including SBHC Coordinator salary and other expenses. Sample business plans are available on the national School-Based Health Alliance website (www.sbh4all.org).

Strong Community Partnerships

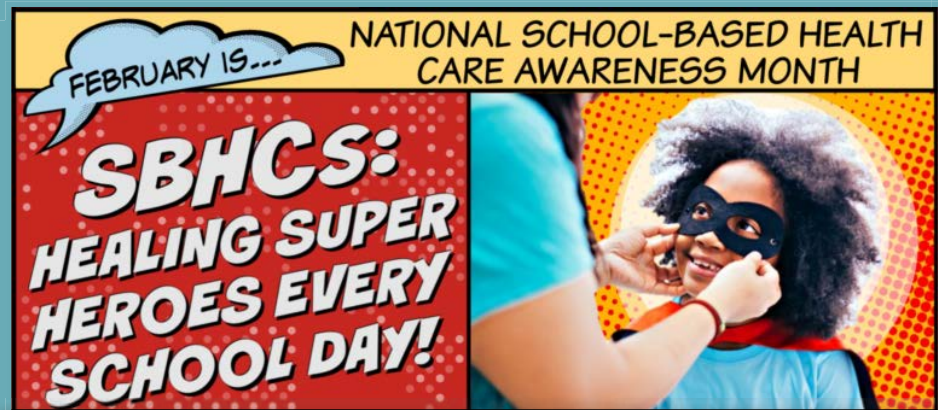
Community partnerships are critical to the success and sustainability of SBHCs. Keep your partners and school administration engaged with the mission to keep students healthy, in school, and ready to learn. Community groups may also be encouraged to contribute generously to school-based clinics.

Advocacy & Coalition Building

Coalition-building and partnership development in the community are effective means of creating support for SBHCs. Collaborating with policy makers and local organizations that support local health care will enhance your advocacy efforts and increase your effectiveness. Consider joining state organizations, such as SBHAAR, as well as other related national organizations.

Every February, the school-based health care community celebrates National School-Based Health Care Awareness

Month—an opportunity to recognize our success and raise awareness about how school-based health centers (SBHCs) are revolutionizing the way children and adolescents access health care services. Join us!



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The School-Based Health Alliance is a non-profit organization that has a mission to improve the health status of children and youth by advancing and advocating for school-based health care.

For more information, visit www.sbhaar.org.